## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	DINC	DEDIOD
	MONT	JKING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	3.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	8.1	****	8.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 3				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	18	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)3/09/2017
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2017		02/28/2017

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	ENTRATION	_	NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	180	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	38881	40709	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

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	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	10	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI X				
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI X				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	8.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	****	< 9	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	22	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	****	*****	****	18	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006		001-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
-					
	MONITO	RIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	03/01/2017	1	03/31/2017		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	23	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	42858	53006	gal/d	*****	****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Continuous	Record (manual)

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	MONITO	DRIN	G PERIOD		
		7			
	MM/DD/YYYY		MM/DD/YYYY		

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External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	4.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	4.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	123	ug/L	2	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	16	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	MM/DD/YYYY		MM/DD/YYYY
	04/01/2017	1	04/30/2017

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	24	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	680	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	135662	178128	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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No	
Diag	 

		QUAN	ITITY OR LOADII	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	13.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.3	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	807	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	29	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	MONITO	PRIN	G PERIOD
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	05/01/2017	]	05/31/2017

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Discharge	

	QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7230	ug/L	4	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	405235	532656	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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IDG910006	001-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITO	DRING PERIOD		
MM/DD/YYYY	MM/DD/YYYY		
06/01/2017	06/30/2017		

DMR Mailing ZIP CODE: 83705

o

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No Discharge

		AND	NTITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	10.1	deg C		Weekly	Grab	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	9.1	deg C		Monthly	Grab	
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	9.9	deg C		Monthly	Grab	
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab	
рН	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	7.4	SU		Weekly	Grab	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	****	5	mg/L		Weekly	Grab	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab	
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	409	ug/L	4	Weekly	Grab	
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab	
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	16	ug/L		Monthly	Grab	
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)7/12/2017	
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Г	IDG910006		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONUTODING BEDIOD								
	MONITO	אואַ	G PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY						
	04/01/2017	1	04/20/2017						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	68	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	3130	ug/L	3	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	253742	431280	gal/d	*****	****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)7/12/2017
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
07/01/2017	07/31/2017					

DMR Mailing ZIP CODE: 83705

os

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Discharge	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	12.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11.1	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	43	ug/L	4		
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	****	****	****	40	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEPI	HONE	DATE
CEO	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)8/15/2017	
TYPED OR PRINTED	ente and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	MONITORING PERIOD		
	PERMIT NUMBER		DISCHARGE NUMBER	
		_		
	MONITO	PRIN	G PERIOD	
	MM/DD/YYYY		MM/DD/YYYY	
	07/01/2017	]	07/31/2017	

DMR Mailing ZIP CODE:

83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	·		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	700	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	134817	158400	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
CEO	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)8/15/2017	
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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## DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83705

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	G PERIOD
		٦.	
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Diacharea	

		QUAN	ITITY OR LOADIN	lG	QUALITY OR CONCENTRATION				∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	12.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	22	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	50	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)9/12/2017	
TYPED OR PRINTED	and improviment or vicening viciations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Г	IDG910006	Г	001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	DRII	NG PERIOD			
	MM/DD/YYYY	ORII ]	NG PERIOD  MM/DD/YYYY			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	45	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	260	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	102560	113083	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person or persons that properly active and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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IDG910006	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	DRING PERIOD						
MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	NG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	10.6	deg C		Weekly	Grab	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.5	deg C		Monthly	Grab	
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11.1	deg C		Monthly	Grab	
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab	
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.4	****	7.5	SU		Weekly	Grab	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 4	mg/L		Weekly	Grab	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab	
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7	ug/L		Weekly	Grab	
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab	
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	48	ug/L		Monthly	Grab	
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE
N. Bavia Nasseili III. I seriasini		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	10/10/2017
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006		001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
_						
١	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY	]	MM/DD/YYYY			
ı	09/01/2017	]	09/30/2017			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	32	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	60	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	78518	80986	gal/d	*****	****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
R. David Russell/ Interim President	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	10/10/2017
TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Γ	IDG910006		001-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	1	MM/DD/YYYY				
		_					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Diacharea	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	7.1	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	****	7.6	*****	7.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	47	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons the proper that the proper directly expensible for each price the information submitted.	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	11/15/2017	
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
-			
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2017	1	10/31/2017

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischange	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	42	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	110	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	66686	73584	gal/d	*****	****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	11/15/2017	
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	DRING PERIOD					
MONITO MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	6.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	4.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	****	****	7.7	****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	< 5	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	36	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		12/11/2017
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006		001-A			
	PERMIT NUMBER	RMIT NUMBER DISCHARGE NUMBER				
$\overline{}$		_				
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY	]	MM/DD/YYYY			
	11/01/2017	]	11/30/2017			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	30	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	65998	66456	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		12/11/2017
TYPED OR PRINTED	and improviment or vicening viciations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006 001-A					
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
12/01/2017	12/31/2017				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRATION						CENTRATION	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	****	*****	2.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	7.7	****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	5	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)1/12/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A		
	PERMIT NUMBER DISCHARGE NUMBER				
$\overline{}$					
	MONITO	RIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	12/01/2017	]	12/31/2017		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	25	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	61138	66456	gal/d	*****	****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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IDG910006	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	DRING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
01/01/2018	01/31/2018			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	ш

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	5.5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	5	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	27	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER	DISCHARGE NUMBER	
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2018	1	01/31/2018

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	ш

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	21	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	56403	59587	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEPHONE		DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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## DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006 001-A				
PERMIT NUMBER	DISCHARGE NUMBER			
TERMIT NOMBER				
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
02/01/2018	02/28/2018			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Discharge	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.3	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	23	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)3/15/2018	
TYPED OR PRINTED	and improdument of knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006	001-A	
	PERMIT NUMBER	DISCHARGE NUMBER	<b>?</b>
			_
	MONITO	RING PERIOD	
	MONITO MM/DD/YYYY	MM/DD/YYYY	

DMR Mailing ZIP CODE:

83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No	
Dischange	ш

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	26	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	60	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	59587	59587	gal/d	****	****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)3/15/2018
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITO	ORING PERIOD		
MM/DD/YYYY	MM/DD/YYYY		
03/01/2018	03/31/2018		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No	
Dischange	ш

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	*****	5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	3.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	****	****	3.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	7.4	****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	15	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	21	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)4/11/2018
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

_			
Г	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
П	MONITO	<u></u>	C DEDIOD
	MONTO	KIIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	03/01/2018	]	03/31/2018

DMR Mailing ZIP CODE: 83705

ailing zip CODE. 637

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	23	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	160	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	59760	66528	gal/d	*****	****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2018	1	04/30/2018

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Discharge	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENC		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	8.3	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.5	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	16	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)5/14/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2018	Ī	04/30/2018					

DMR Mailing ZIP CODE:

83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No	
Dischange	

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	25	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	59809	66456	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

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TYPED OR PRINTED	ente and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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IDG910006	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	DRING PERIOD						
MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Disabassa	

	QUANTITY OR LOADING QUALITY OR CONCENTRATION			CENTRATION	NO NO		FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	9.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	****	7.5	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	33	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	26	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and improviment or vicenity vicinions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

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FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

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ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u> 2</u> RIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
		_					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	`	0, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	27	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	250	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	209955	300672	gal/d	****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ROAD

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IDG910006 001-A							
PERMIT NUMBER	ERMIT NUMBER DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	ORING PERIOD						
MONITO MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.3	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	****	****	8.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	****	*****	*****	7.5	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	6	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	33	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)7/16/2018
TYPED OR PRINTED	and improviment or vicenity vicinions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006						
	PERMIT NUMBER	T NUMBER DISCHARGE NUMBER					
	MONUT						
	MONITO	אואכ	ig Period				
	MM/DD/YYYY	) ]	IG PERIOD  MM/DD/YYYY				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	36	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	133403	179669	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)7/16/2018
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITO	RING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
07/01/2018	07/31/2018					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	****	****	13.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	****	****	9.7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	10.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	7.5	****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	14	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	42	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that qualified personnel  properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEPI	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)8/15/201
TYPED OR PRINTED	The dra hiphodinion of draining volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

_								
Γ	IDG910006		001-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
	MONITORING REDICE							
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	07/01/2018	1	07/31/2018					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Discharge	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	40	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	100	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	100670	121709	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEPHONE		DATE
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TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006 001-A						
	PERMIT NUMBER DISCHARGE NUMBER						
	MONITO	RIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	08/01/2018	]	08/31/2018				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADII	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	11.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.6	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	29	ug/L	2	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	47	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	TELEPHONE		
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)9/14/2018		
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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## DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

_						
Γ	IDG910006		001-A			
	PERMIT NUMBER		DISCHARGE NUMBER			
П	MONUTO		C DEDICE			
	MONITO	אוואל	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	08/01/2018	]	08/31/2018			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	39	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	220	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	88137	88632	gal/d	****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)9/14/2018
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	Г	001-A			
	PERMIT NUMBER		001-A DISCHARGE NUMBER ING PERIOD MM/DD/YYYY			
	MONIT	DRIN	IG PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	1G	O	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	8.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	****	7.6	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	10	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	538	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	50	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	11/15/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please note our temporary address is P.O. Box 94, Star, ID 83669

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006					
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	09/01/2018	1	09/30/2018			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	45	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	4440	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73584	73584	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		11/15/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006		001-A			
	PERMIT NUMBER		O01-A  DISCHARGE NUMBER  NG PERIOD  MM/DD/YYYY			
	MONITO	RIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	10/01/2018	1	10/31/2018			

DMR Mailing ZIP CODE: 83705

MINOR

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

(SUBR 02)

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	Weekly  Weekly  Wonthly  Monthly  Monthly  Weekly  Weekly  Weekly  Weekly  Weekly  Weekly	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	8.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	6.3	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	****	7.8	****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	7	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	126	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	47	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	11/15/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A				
Г	PERMIT NUMBER		DISCHARGE NUMBER RING PERIOD MM/DD/YYYY				
	MONITO	DRIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	10/01/2018	1	10/31/2018				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	37	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2550	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	71745	73584	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		11/15/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006					
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	RIN	G PERIOD			
	MM/DD/YYYY	]	MM/DD/YYYY			
	11/01/2018	1	11/30/2018			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	6.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	4.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	7.8	*****	7.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	14	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	37	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEPI	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	12/14/2018	
TYPED OR PRINTED	and improviment or vicening viciations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006						
	PERMIT NUMBER		DISCHARGE NUMBER				
П		===					
	MONITO	PRIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	11/01/2018	]	11/30/2018				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	36	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	60	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	58157	66456	gal/d	*****	****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	12/14/2018	
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
	J O . I I O .						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Disabassa	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	6.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	1.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.8	*****	7.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	7	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	35	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)1/14/2019	
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	NDIN	G PERIOD
	IVICIALL	717114	GFERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	12/01/2018	1	12/31/2018

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	· · · · · · · · · · · · · · · · · · ·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	32	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	52194	53006	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rute, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)1/14/2019
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A		
	PERMIT NUMBER		DISCHARGE NUMBER		
	MONITORING PERIOD				
	MM/DD/YYYY	7	MM/DD/YYYY		
	1011011010111111		111111111111111111111111111111111111111		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		We We Mo	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.8	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	6	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	29	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	TELEPHONE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)2/15/2019		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2019	Ī	01/31/2019

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	29	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	46656	46656	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Continuous	Record (manual)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)2/15/2019
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006	001-A				
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONUT					
	MONITO	JRIN	NG PERIOD			
	MM/DD/YYYY	) ]	NG PERIOD  MM/DD/YYYY			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Discharge	

	QUANTITY OR LOADING QUALIT				QUALITY OR CON	NO.	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	5.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	32	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)3/15/2019	
TYPED OR PRINTED	and improviment or vicening viciations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

see attachment

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

_						
Γ	IDG910006					
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	02/01/2019	]	02/28/2019			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	36	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	46714	46714	gal/d	****	****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person or persons of the person of persons or perso	Becky Shull	TELEP	DATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)3/15/2019	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

see attachment

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
	J O . L O .						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischause	

		OF ANALYSIS				FREQUENCY					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	5.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	****	****	7.3	****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	16	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEPI	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fige and imprisonment for knowing videlations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)4/15/2019
TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	001-A				
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	03/01/2019	1	03/31/2019			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUAN	TITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	32	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	100	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	48135	53006	gal/d	*****	****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)4/15/2019
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006	001-A				
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONIT	DRII	NG PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	3.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	3.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	10	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	21	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	TELEPHONE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)5/14/2019	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006		001-A			
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	04/01/2019	Ī	04/30/2019			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	35	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	58490	59616	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)5/14/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A		
	PERMIT NUMBER DISCHARGE NUMBER				
	MONITO	RIN	G PERIOD		
	MM/DD/YYYY	]	MM/DD/YYYY		
	05/01/2019	1	05/31/2019		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	9.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.1	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.5	****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	38	ug/L	2	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	25	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and improviment or vicening viciations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

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FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	05/01/2019	1	05/31/2019			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Disabassa	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	123	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	350	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	182927	242064	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel experted and evaluate the information submitted. Based on my inquiry of the person or persons.	Becky Shull	TELEP	DATE	
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TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	DRING PERIOD						
MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischange	ш

		QUAN	ITITY OR LOADIN	<b>NG</b>	C	QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	4.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	5.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	7.5	****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	28	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	35	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)7/15/2019	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	IVIOIVIT	אוואב	IG PERIOD				
	MM/DD/YYYY	]	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	****	60	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	150	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	212901	242064	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)7/15/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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### DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONT	JKING FERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	lG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	34	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	51	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)8/13/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

_						
Γ	IDG910006	001-A				
	PERMIT NUMBER		DISCHARGE NUMBER			
	MACHITA		O DEDICO			
	MONITO	KIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	07/01/2019	1	07/31/2019			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	ENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	146	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	160	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	120031	130565	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)8/13/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONITO	DRING PERIOD				
MONITO MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	11.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	****	7.4	****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	62	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	40	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)9/13/2019
TYPED OR PRINTED	une and imprisorment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2019	]	08/31/2019

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	ENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	50	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	450	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73823	80968	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADII	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	8.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	9.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	59	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	41	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MONITO MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	49	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	440	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73584	73584	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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### DISCHARGE MONITORING REPORT (DMR)

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ROAD

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IDG910006	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2019	10/31/2019							

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	5.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	****	****	7.4	****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	58	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	48	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	11/15/2019
TYPED OR PRINTED	anc and improviment or knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019	Ī	10/31/2019

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	49	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	400	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73584	73584	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Continuous	Record (manual)

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ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITORING PERIOD						
	MONITO	DRING PERIOD					
	MONITO MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Disabassa	

		QUAN	ITITY OR LOADIN	NG .	QUALITY OR CONCENTRATION			_	NO. FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	5.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	39	ug/L	2	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	34	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
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TYPED OR PRINTED	and improviment or vicening viciations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006	001-A			
	PERMIT NUMBER	DISCHARGE NUMBER			
	MONITO	<u> PRIN</u>	G PERIOD		
	MM/DD/YYYY	]	MM/DD/YYYY		
	11/01/2019	1	11/30/2019		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUANTITY OR LOADING		C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	39	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	400	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	67769	80986	gal/d	*****	****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	*****	*****		Continuous	Record (manual)

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	001-A			
	PERMIT NUMBER	DISCHARGE NUMBER			
	MONIT	DRIN	NG PERIOD		
		_			
	MM/DD/YYYY		MM/DD/YYYY		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	NG .	QUALITY OR CONCENTRATION			_	NO. FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	4.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	14	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	32	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006		001-A			
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	DRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	12/01/2019	1	12/31/2019			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischange	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	28	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	120	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	66528	66528	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified person or persons that properly active and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
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MONITO	ORING PERIOD		
MM/DD/YYYY	MM/DD/YYYY		
01/01/2020	01/31/2020		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	10	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	40	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	Ine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Γ	IDG910006		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITO	PRIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	01/01/2020	Ī	01/31/2020				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	43	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	68688	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Г	IDG910006	Γ	001-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
		_					
	MONITORING PERIOD						
	MONITO	<u> D</u> RI	ING PERIOD				
	MONITO MONITO	ORI ]	ING PERIOD  MM/DD/YYYY				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	3.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	13	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	27	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)3/15/2020	
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
_						
	MONITO	RIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	02/01/2020	]	02/29/2020			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	QUALITY OR CONCENTRATION	_	NO. FREQUEN		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	30	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	90	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73584	73584	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel expensely and the parts of the parts	Becky Shull	TELEP	DATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)3/15/2020	
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
03/01/2020	03/31/2020			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	NG .	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	6.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	14	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)4/21/2020	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2020	1	03/31/2020

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	33	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	71531	73584	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)4/21/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006	0	01-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONIT	1				
	11101111		<i>!</i>			
	MM/DD/YYYY	RING PERIOD  MM/DD/YYYY  04/30/2020				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	<b>NG</b>	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.3	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	7.3	****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	16	ug/L			
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	19	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	li certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	TELEPHONE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)5/15/2020	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	001-A						
	PERMIT NUMBER		DISCHARGE NUMBER					
$\neg$								
	MONITO	DRIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2020	]	04/30/2020					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	ш

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	40	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	63937	66456	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)5/15/2020
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
IVIIVI/DD/11111	I IVIIVI/DD/11111			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADII	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	ľ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	11.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	2.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	3.4	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	291	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	23	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A		
	PERMIT NUMBER	T NUMBER DISCHARGE NUMBER			
	MONITO	PRIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	05/01/2020	Ī	05/31/2020		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischange	

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	32	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	2220	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	83240	148896	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel expensely and the parts of the parts	Becky Shull	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 2417 BANK DRIVE, SUITE 101

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FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	DRING PERIOD					
MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE: 83705

D 0000

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischange	ш

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	8.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	****	*****	7.2	****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	440	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	26	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)7/15/2020
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006	001-A			
	PERMIT NUMBER	DISCHARGE NUMBER			
1					
	MONITO	DRING PERIOD			
	MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	25	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2590	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	148896	148896	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)7/15/2020
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	MONITORING PERIOD					
	MONITO	2RI	ING PERIOD			
	MONITO MM/DD/YYYY	ORI ]	ING PERIOD  MM/DD/YYYY			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Discharge	

		AND	ITITY OR LOADIN	IG	O	<b>UALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	12.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	****	7.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	191	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	35	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)8/11/2020
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

_					
Γ	IDG910006		001-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
$\neg$					
	MONITO	DRIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	07/01/2020	Ī	07/31/2020		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	135	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1070	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	111976	158400	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)8/11/2020
TYPED OR PRINTED	ane are imprisonment to knowing violators.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

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MONITORING PERIOD							
	JIMINO I EIMOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

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	OF ANA				FREQUENCY	SAMPLE					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	*****	12.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	10.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	****	< 6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	162	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	43	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Γ	IDG910006		001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	DRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	08/01/2020 08/31/2020					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischause	

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	346	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1350	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	88632	88632	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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MONITORING PERIOD						
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MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE:

83705

MINOR (SUBR 02)

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**External Outfall** 

No	
Disabassa	

		QUAN	ITITY OR LOADIN			NO.	FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	6.7	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	****	****	7.2	****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	94	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	45	ug/L	2	Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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IDG910006 001-A					
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MM/DD/YYYY	MM/DD/YYYY				
00/01/2020	00/20/2020				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	331	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	690	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	87612	88632	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		10/15/2020
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	MONITO	RIN	G PERIOD
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	10/01/2020	Ī	10/31/2020

DMR Mailing ZIP CODE: 83705

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MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	NG .	c	QUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	4.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.3	*****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	11	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	43	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	11/12/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006		001-A			
Г	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	DRIN	IG PERIOD			
	MM/DD/YYYY	]	MM/DD/YYYY			
	10/01/2020	1	10/21/2020			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	ш

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	38	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	170	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80986	80986	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		11/12/2020
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006					
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	DRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	11/01/2020 11/30/2020					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADIN	NG .	C	DUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	657	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	33	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	12/15/2020	
TYPED OR PRINTED	and improviment or vicening viciations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006	001-A				
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	11/01/2020	Ī	11/30/2020			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	30	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	8640	ug/L	2	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80928	80928	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Continuous	Record (manual)

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	12/15/2020
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	LIGHTODING DEDICE								
	MONTO	אוואכ	G PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY						
	12/01/2020	1	12/31/2020						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Diacharea	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	3.9	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	93	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	38	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)1/15/2021
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2020	1	12/31/2020

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	33	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1540	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80986	80986	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)1/15/2021
TYPED OR PRINTED	ane are imprisonment to knowing violators.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONT	JKING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	2.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	2.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	7	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	235	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	35	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	ente and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2021	Ī	01/31/2021

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	53	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	3040	ug/L	4	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80928	80928	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Continuous	Record (manual)

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	ORING PERIOD					
MONITO MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischause	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	3.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	398	ug/L	3		
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	31	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)3/15/2021	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITO	DRIN	G PERIOD				
		٦ .					
	MM/DD/YYYY	1	MM/DD/YYYY				
	02/01/2021	1	02/28/2021				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	67	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4410	ug/L	3	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80986	80986	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)3/15/2021	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	ORING PERIOD						
MONITO MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5.5	deg C		Weekly	Grab	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	2.8	deg C		Monthly	Grab	
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	3.1	deg C		Monthly	Grab	
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab	
рН	SAMPLE MEASUREMENT	*****	****	*****	7.2	****	7.2	SU		Weekly	Grab	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	6	mg/L		Weekly	Grab	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab	
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	270	ug/L	5	Weekly	Grab	
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab	
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	26	ug/L		Monthly	Grab	
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)5/13/2021	
TYPED OR PRINTED	and improviment or vicening viciations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2021	Ī	03/31/2021

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Discharge	

				QUANTITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	85	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3120	ug/L	5	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80986	80986	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)5/13/2021
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
	<u> </u>				
	MONITO	PRIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	04/01/2021	1	04/30/2021		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADII	VG	C	QUALITY OR CON	CENTRATION	NO. FREQUENCY			SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	****	*****	****	4.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	239	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	31	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)5/13/2021	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
	MONITO	<u> PRIN</u>	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	04/01/2021	1	04/30/2021		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischause	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	74	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	3070	ug/L	4	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80928	80928	gal/d	*****	****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONIT	ORING PERIOD		
MM/DD/YYYY	MM/DD/YYYY		
05/01/2021	05/31/2021		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	4.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3.7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	107	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	R directify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)6/15/2021
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

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LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

_					
Г	IDG910006		001-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
П	MONUTO		C DEDICE		
	MONITO	DRING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY		
	05/01/2021	]	05/31/2021		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	38	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1150	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	86989	96538	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowline violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)6/15/2021
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	ORING PERIOD					
MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	ш

		QUAN	ITITY OR LOADIN							FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	4.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	7.2	****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	9	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	410	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	27	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	4-3343	)7/15/2021
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	G PERIOD
	WOI WIT		<u> </u>
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2021	7	06/30/2021

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	110	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	3640	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	125389	130565	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)7/15/2021
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

IDG910006 001-A							
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY MM/DD/YYYY							
07/01/2021	07/31/2021						

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Discharge	

		QUANTITY OR LOADING		NG .	QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.1	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	4.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.1	****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	73	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	39	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)42	)8/15/2021
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

_						
Γ	IDG910006	001-A				
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY	]	MM/DD/YYYY			
	07/01/2021	1	07/31/2021			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	61	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1670	ug/L	3	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	110728	130565	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of Life and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)8/15/2021
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER DISCHARGE NUMBER						
MONITORING PERIOD						
MONITO	DRING PERIOD					
MM/DD/YYYY	DRING PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE:

83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

**External Outfall** 

No	
Dischange	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.1	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	4.3	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.4	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	32	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	47	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006		001-A		
	PERMIT NUMBER DISCHARGE NUMBE				
	MONITO	PRIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	08/01/2021	]	08/31/2021		

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Dischange	

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	51	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	860	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	113083	113083	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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IDG910006	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
09/01/2021	09/30/2021			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Diacharea	

		QUAN	ITITY OR LOADII	NG		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	9.3	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	10.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	269	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	38	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		10/15/2021
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

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FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

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ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	001-A				
	PERMIT NUMBER		DISCHARGE NUMBER			
-						
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY	]	MM/DD/YYYY			
	09/01/2021	]	09/30/2021			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	108	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1639	ug/L	3	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	78636	113083	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		10/15/2021
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	DRIN	G PERIOD			
	MM/DD/YYYY	1	MM/DD/YYYY			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

External Outfall

No	
Dischange	ш

		QUAN	ITITY OR LOADIN	<b>NG</b>	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	9.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	25	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	1270	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	****	41	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEPI	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		11/15/2021
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Γ	IDG910006	001-A				
	PERMIT NUMBER		DISCHARGE NUMBER			
$\overline{}$						
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	10/01/2021	Ī	10/31/2021			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	123	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	9910	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	53006	53006	gal/d	****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		11/15/2021
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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## DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

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ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	TS EX OF ANAL		TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	9	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	437	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	45	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÊRNÊST SIMMONS, PRESIDENT

Γ	IDG910006		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	LIGHTOPING PERIOR							
	MONITO	KIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	11/01/2021	1	11/30/2021					

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	66	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3790	ug/L	2	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	50118	53006	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Becky Shull	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL

ROAD

ATTN: Wm. ÉRNÉST SIMMONS, PRESIDENT

Г	IDG910006		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	G PERIOD
	MM/DD/YYYY	1	MM/DD/YYYY

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:

External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADIN	IG	O	QUALITY OR CONCENTRATION			NO. FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	3.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	2.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	7	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Γ	IDG910006		001-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	PRIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	12/01/2021	Ī	12/31/2021				

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE;

**External Outfall** 

No	
Dischange	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	ALUE VALUE UNITS VALUE VALUE VALUE UNITS		UNITS	EX	OF ANALYSIS	TYPE			
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	73	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	70	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	40709	40709	gal/d	*****	*****	****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Continuous	Record (manual)

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MONITO	ORING PERIOD			
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01/01/2022	01/31/2022			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Discharge	

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	6.8	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	50	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	PERMIT NUMBER	DISCHARGE NUMBER				
$\overline{}$						
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	01/01/2022	Ī	01/31/2022			

DMR Mailing ZIP CODE: 83705

MINOR (SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE?

**External Outfall** 

No	
Disabassa	

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	91	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	340	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	40709	40709	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)424-3343		)2/15/2022
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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